THE

MEDICAL AND SURGICAL REPORTER.

WHOLE SERIES, NO. 152. } PHILADELPHIA, SEPTEMBER 17, 1859. { NEW SERIES. VOL. II. NO. 25,

Original Communications.

ANATOMY

IN ITS

RELATIONS TO MEDICINE

AND

SURGERY.

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No. 12.

LATERAL FACIAL REGION (continued.) Several eruptions though not peculiar to it, appear on this region. They are such as involve the cutaneous glands.

"Grubs."—When the oil glands are inactive, or their secretion modified, so that their tubes or ducts become distended, and the dust accumulates at the orifice of each, they form the grubs, vulgarly so called. If the gland be properly compressed between the fingers, its contents will be forced out in the form of a semi-solid cylinder, (a cast of the cavity of the gland), which with the little black speck on the extremity, does resemble somewhat, a worm or grub. In the matter however thus expelled a parasitic animalcule is frequently discovered. If the excretory orifice of one of these glands becomes closed or obstructed, the sac will become distended and thickened, forming an encysted tumor.

Acne.—When these oil glands become inflamed, little pimples are formed, the *acne simplex.* When following this inflammation, lymph is effused into the connective tissue of the vessels distributed over the gland sac, a circumscribed hardening is produced the *"acne indurata."* If the inflammation runs on to ulceration, it will leave pale depressions or cicatrices somewhat analogous to variola. All these conditions occur about the period of puberty both in the male and female, and are a source of great annoyance. The explanation is probably to be found in the fact, that at this period the beard begins to grow which requires an active determination of blood to the capillaries of the hair glands, a condition favorable to congestion and inflammation of the associated oil follicles. As these eruptions originate from causes which operate on the system at large, the application of local agents is unwise and may be productive of serious consequences. When the sebaceous glands become too active, the surface of the face presents a shining greasy appearance, and the secretion collecting, drying and attaching to itself particles of floating dust will form flakes of stratified scales—*"Seborrhagia."* At the angle of the nose where these glands are large and numerous, this condition is very common.

Sycosis.—A conical red pimple with the hair shaft springing from its centre forms the sycosis of authors. It affects the hair gland, and as a parasitic plant is found surrounding the root of the hair; this has been regarded by some authorities as the cause of the disease. Whether the fungi however be a cause or a consequence of the inflammation cannot be as yet fairly determined. The elevation of the skin around the hair shaft will render the use of the razor improper during the existence of the disease, though the removal of the beard should not be neglected, which can be done by the use of scissors.

Superficial Fascia.—The superficial fascia of the lateral facial region is continuous with

that of the neck and side of the head. Along the course of the zygoma it is pretty firmly attached, so also to the cartilage of the ear. It is closely adherent to the skin, and in this respect resembles the connection between the skin and fascia of the scalp. It contains a considerable deposit of fat, especially over the canine fossa, and by its deep surface is united to the fascia or sheaths of the muscles of the face.

Practical Remarks.—The close connection between the fascia and skin determines in a great measure the nature of its inflammations, being prone to assume the erysipelatous form. So also will an abscess tend for the same reason very slowly towards the surface. The loose cellular connection and the abundance of the adipose constituents over the canine fossa makes this the most common location for purulent formations, and also the place where the greatest swelling will occur. The intimate union of the fascia with the skin above and the facial muscles beneath, enables the latter accurately to adjust the former into those lines which constitute expression. Wounds with much loss of substance or ulcerations from boils, or burns, in which the repair is effected by granulation, are prone to produce deformities of the eyelid, angle of the mouth, or alae of the nose. In all such accidents, the mobility of the facial integuments will admit of their being approximated in such a direction that the line of cicatrization shall be perpendicular to these organs, and thus greatly diminish the evil consequences of the resulting contraction. The nævi which are seen frequently in children are generally located in the vessels of this fascia.

Platisma Myoides.—A careful removal of the superficial fascia will expose some muscular fibres which belong to the platisma myoides. This layer like that of the fascia is continued up from the neck. They form a very well defined plane over the anterior half of the inferior maxillary bone, some of which are attached to this part of the jaw, others pass across to the opposite side of the chin, intersected by the muscle of that side: some become attached to the commissure of the mouth, and others come forward to be lost in the superficial fascia, extending as high up as the malar bone, and as far back as the cartilage of the ear.

Practical Remarks.—All incisions which are not to extend beyond the depth of the superficial fascia should be made parallel with the course of the fibres of this muscle, otherwise there will be a tendency in the wound to gap. The transverse wrinkles which sometimes follow a phlegmon are produced by the destruction of some of its fibres, and the contraction of the uniting fibrous bond.

Deep Fascia.—This is continued also from the neck, but cannot be said to exist as a well defined layer anterior to the inner edge of the masseter muscle. After reaching the face, one layer is continued up over the parotid gland, "the *parotid fascia*," while a second passes between that gland and the masseter muscle, "*masseteric fascia*," and above become connected to the zygomatic arch. Posteriorly the parotid fascia is attached to the cartilage of the ear, and in front turns round the inner edge of the masseter muscle, continuing back as far as the pterygo-maxillary ligament, or the fibrous line of connection between the superior pharyngeal constrictor and buccinator muscles, where it passes upon the latter thus returning upon itself, and is continued forward to the angle of the mouth under the name of the *buccinator fascia*. From the deep surface of that part over the parotid gland numerous processes descend through that body to the bottom of the parotid region, serving as a kind of frame-work for the gland.

Parotid Gland.—This, the largest of the salivary glands, is a compound racemose gland consisting of little masses united by connective tissue and supported by prolongations from the parotid fascia as described above. It not only fills up the space between the auricular cartilage and the ramus of the jaw, but extends from the zygoma above to a point below the level of the angle of the jaw overlapping the upper part of the sterno-mastoid muscle, and on the face extending some distance over the masseter muscle. A small cluster of lobules

comparatively isolated from the great mass of the body frequently exists below the anterior part of the zygoma in advance of the other portion, which is the "*glandula socia parotidis.*" The deep relations of the parotid belong to another division of our subject, and will be described in their proper place. Seated sometimes upon, sometimes in this gland, are two or three lymphatic bodies which may be easily distinguished from the salivary by the contrast of color: the former being of a reddish brown.

Excretory or Parotid Duct.—This is very generally known as the duct of Steno, though it was known and described first by Casserius. It is exterior to the deep or masseteric fascia; is seen to emerge from the anterior edge of the gland, about a finger's breadth below the zygoma, and crossing the masseter muscle turns around its inner edge, between it and the buccinator muscle which it pierces, and running a short distance between it and the mucous membrane of the mouth, opens into that cavity opposite the summit of the second molar tooth of the upper jaw. Just where it penetrates this muscle it is surrounded by a large mass of fat. This duct exceeds two inches in length; it increases in circumference from its origin to the point where it enters the buccinator, though its cavity is not correspondingly enlarged. It consists of three coats; a white fibrous, yellow or elastic fibrous, and an internal mucous coat surmounted by cylindrical epithelia. The blood-vessels of the parotid gland proceed from the external carotid which passes through the organ.

Nerves.—The facial nerve after emerging from the stylo-mastoid foramen traverses the parotid gland, and dividing into two trunks, *cervico-facial* and *temporo-facial*, which by the communication of their branches forms a net work expansion, "the *pes anserinus*, over the masseter muscle, from which again pass off filaments in great numbers to all the muscles of the face; which they endow with motion. The communications of the facial nerve must not be overlooked, especially those effected exterior to the stylo-mastoid foramen. These connections are with the glosso-pharyngeal, pneumogastric, auriculo-temporal of the inferior maxillary branch of the fifth pair: with the cervical plexus through the auricularis magnus, and with the sympathetic through the carotid plexus. After the escape of the facial from the cranium, it also distributes branches to the muscles behind the ear, "*posterior auricular*," and to the digastric and stylo-hyoid muscles.

Above the orbit, below the orbit, and from the chin, nerves reach the face through the supra-orbital, infra-orbital and anterior dental

Fig. 17.

Explanation of part of Fig. 17.

The parotid gland is seen between the masseter muscle and the ear, extending from the zygoma above down upon the neck: its duct (Steno's) passing across the masseter to its inner edge: facial nerves crossing the same muscle. In front of the masseter the fibres of the buccinator muscle are seen passing forward in elliptical lines to the angle of the mouth.

foramina. These are the three terminal trunks of the fifth pair, which communicate freely with the facial nerves, and endow the face with sensation.

Practical Remarks.—The strength and connections of the parotid fascia and its fibrous prolongations will offer great resistance to the enlargement of this gland from any cause whatever, hence the products of an abscess may pass down into the neck, or through the perforations in the cartilage of the ear into the external auditory canal, and be discharged at the outer meatus. The union of the parotid with the masseteric fascia at the anterior edge of the gland, will serve to circumscribe its enlargements in that direction. The fibrous prolongations are the means of lifting the gland from its deep recesses, in certain of its diseases, by their contraction, and render its extirpation feasible.

The masseteric and buccinator fascia determine, in a great measure, the course of facial abscesses. If suppurative inflammation attacks tissues exterior to these, the matter will seek the cutaneous surface; if beneath these fasciæ, it will tend toward the buccal cavity.

An abscess over the masseter, beneath its fascia, should it not pass down towards the neck, will not extend forward further than its anterior edge, but directed by the arrangement of its fascia, may pass to its deep surface, as far back as the ramus of the inferior maxillary.

Enlargements of the parotid gland originate from several causes. Thus it may be a peculiar inflammatory condition, forming *mumps*, or this inflammation may be metastatic, translated from some other locality. The singular sympathy between this organ and the testes is very generally known. It may become enlarged from the existence of a fibrous degeneration. This change is essentially an inflammatory process. A plastic exudation is thrown out, infiltrating the cellular tissue of the gland, which becomes developed into new connective tissue, and which, by contraction and condensation, destroys, to a greater or less extent, the proper secreting constituents. They may be the seat of scirrhus or medullary cancer; cartilaginous, or even osseous growths; never, it is asserted, of tubercle. Cysts are occasionally found distinct from the excretory ducts. The lymphatic glands of the parotid may take on disease, and by their growth or pressure, produce its destruction or atrophy.

An abscess of the parotid is often punctiform, that is to say, scattered throughout its substance in little spots, here and there coalescing. This is produced by the numerous compartments resulting from the arrangement of its fibrous frame-work.

There are certain phenomena attending such conditions as have been instanced, which we are now prepared to understand; such as twitching of the muscles of the face, or facial paralysis, by compressing the facial nerve by which it is traversed; extreme pain, from injury to the fifth pair; partial separation of the jaws, by excitation through the digastric branch, the digastric muscle having one attachment to the symphisis of the lower jaw; inability to move the jaws, or great distress in mastication, by its relation to the motor and sensory portions of the fifth pair; perversions of taste and difficulty in deglutition, by its communications with the glosso-pharyngeal; and dulness of hearing, by the gland in its enlargement, pressing together the walls of the cartilaginous meatus.

The ducts of the parotid gland present several abnormities. A wound of the cheek may readily reach the gland or Stenonian duct, and if not carefully treated, result in a salivary fistula. If the course of the fibres of the buccinator muscle, which the duct perforates, be noticed, the propriety of dividing them crosswise will be very evident, inasmuch as such a division will secure, by their retraction, a patulous opening toward the buccal cavity; a fact which the sagacious Horner did not fail to notice, and on which depends the success of his operation in salivary fistula.

Salivary calculi may form in the parotid duct, and produce a fistula by ulcerating its way through its coats toward the cutaneous surface of the cheek. Dilatation of the duct

may occur, due to mechanical obstruction, and thus form salivary cysts. The parotid duct will admit of considerable distension, in consequence of its yellow elastic fibrous coat. Inflammation or irritation may extend along their mucous coat from the mouth, the one being continuous with the other, and produce an excessive salivary flow, as sometimes succeeds the use of mercury, or when irritating substances are taken into the mouth.

The mouth is said to become moist when one individual witnesses another enjoying some delightful article of diet, or luscious fruit. This results from the mental impression acting on the salivary and other glands of the mouth, through the carotid plexus, and the 5th pair.

In all operations on the lateral region of the face, the position of the parotid duct must be carefully borne in mind, that it be not wounded. By a reference to Fig. 17, it will be seen that its course will be indicated by a line drawn from the lobe of the ear to the anterior naris; and as it does not advance beyond the inner edge of the masseter, incisions can be carried with impunity almost to that situation.

Medical Education.

No. 1.

The condition of things, when the system of medical education which still obtains in the United States was first inaugurated, was very different from that now existing. It was then scarcely possible for any one to acquire from books any clear views in respect to either of the branches which enter into what may with propriety be received as a liberal scheme of the institutes and practice of the healing art. In the absence of the able and complete systematic treatises in every department of medicine that now abound, in which the actual state of knowledge in respect to each of these departments is clearly and faithfully set forth, and rendered accessible to every one who is master of the technical language in which they are couched, the student was forced to repair to the medical schools for a knowledge of everything that it was necessary for him to know to become an enlightened practitioner of medicine, surgery or obstetrics. It was then the province and the duty of the medical professor to collect from every available source the doctrines and the facts appertaining to the particular department he professed to teach—to test the accuracy and truth of these doctrines and facts by the results of his own observations and reasoning, and to communicate them to his class in a course of purely didactic lectures. From no other source could this knowledge be obtained.

The inadequacy of such a course of instruction for conveying clear, accurate and definite views in respect to chemistry, anatomy, and operative surgery, was very soon found out, and the lectures began to be enforced and illustrated by chemical manipulations, dissections, operations upon the dead subject, and the application of apparatus and dressings to the living. Gradually attempts were made to illustrate the lectures on obstetrics by the manikin; those on materia medica by specimens of the drugs and medicines in common use; those on pathology by drawings and wax models; and those upon the external features and symptomatology of diseases, to a limited extent, by the same means.

The courses of lectures now delivered in our medical schools, on anatomy, surgery, obstetrics, chemistry, and materia medica, are probably as perfect in arrangement and illustration as need be. In respect, however, to those on the institutes and practice of medicine, much improvement and very essential modifications are demanded. A didactic course of lectures on physiology, and on general pathology, etiology and therapeutics, illustrated, as far as they can conveniently be, by well devised and well executed drawings and models, may with great propriety constitute a part of the curriculum of medical instruction. But in respect to the pathological anatomy of diseases, their symptomatology, their progress and terminations, their treatment, with the particular effects of remedies under particular conditions, and at particular stages of disease, it is certain that no clear, accurate and persistent conception of these can possibly be communicated by a course of mere didactic teaching, however

fully it may be illustrated by the best devised and most successfully executed paintings and models. It is a mere waste of a pupil's time to oblige him to hearken to a course of lectures in respect to what he can acquire, just as much, perhaps more, knowledge from books. Not that we believe books alone will convey to any one that kind and amount of instruction in respect to the symptomatology, pathognomony, course, termination and treatment of diseases, necessary to prepare him for a skilful and successful practitioner. All we mean to say is, that they will convey to the diligent student as much useful instruction on the subjects referred to, as the lecturer can in a mere course of didactic instruction.

The only way in which the requisite kind and amount of knowledge in respect to these subjects can be acquired, is through a proper course of strictly clinical instruction. To let the student examine and watch the sick in the wards of a well appointed general hospital, under the supervisorship, and in following the instructions and comments—the diagnoses and prognoses—the therapeutical directions of a competent clinical lecturer. To permit him personally to mark the daily changes which occur in the symptoms of each disease as it progresses to a favorable or unfavorable termination, under the effects of the particular course of treatment pursued, and, if death ensue, to notice whatever lesions are found to be present in the organs and tissues upon a careful autopsy.

The first important change demanded in the curriculum of medical instruction is, in our opinion, to do away with the present didactic course on the practice of medicine, and to introduce in its place a proper course of clinical instruction, the material for which will be found to a sufficient extent in either of the large general hospitals of the principal cities of our Union. Or should no hospital with wards adequate in size to supply material for a full course of clinical instruction be found now to exist, there would be no difficulty in instituting them in the neighborhood of any flourishing medical school. And as no school should be tolerated which cannot afford to its students all the means demanded for the fullest and best course of medical instruction, let the doors of those that have not at their command the material for clinical lectures be closed without delay. Their extinction will leave no void that will be felt; or if felt, that will not be quickly supplied, and in an unexceptionable manner. Φ

Extreme Deformity the Result of a Burn wholly removed. Natural Functions fully restored.

By C. C. Field, M. D.,
Of Easton, Pa.

The case which I have to relate is one in which Samuel Lee, a youth of eight years, son of John Lee, of Phillipsburg, N. J., was recovered from the most shocking deformity caused by the overturning of a burning-fluid lamp in Feb. 1858. His clothes taking fire, the whole body was soon enveloped in flame; on examination it was found that one-half of his entire person was most severely burned, his right side to such an extent that his ribs were exposed, and the under portion of the arm on the same side had its muscles laid bare. Believing the case beyond the reach of medical aid, the parents contented themselves with affording him such temporary relief as was in their power, without consulting a physician. The raw surface of the right arm was allowed to come in contact with the burned side, the result of which was a perfect union; and in consequence of violent inflammation which set in, followed by extensive suppuration, the muscles of the injured side as well as their new covering were contracted to such an extent as to produce a semi-flexed condition of the body, causing the patient to present a very unsightly appearance.

Notwithstanding the recovery of the lad from any fatal results, it may be inferred from the above that the deformity occasioned by the fire was hideous in the extreme. In May, 1859, being consulted as to the possibility of correcting the deformity, I found the case in the condition above stated. Numerous surgeons had been consulted, who considered it unsafe to undertake any means of relief. We suggested at once the separation of the unna-

tural union caused by the fire between the arm and the side, to which the parents and patient readily assented. At this time the skin appeared more like blotting paper than natural cuticle, and consequently was not in the most favorable condition for an operation. Nevertheless, after a course of treatment had been pursued, as preparatory to the operation, the patient being placed in a proper position, we first introduced a small catling immediately below that portion of the pectoralis major muscle which forms the anterior boundary of the axilla, passing it rapidly through, until it emerged at that portion of the latissimus dorsi which forms the posterior boundary of the axilla; the instrument was then carried downwards, between the inner portion of the arm and side as far as the elbow, and one separated from the other; the arm was then carried upwards and backwards, and several unnatural attachments which extended deep into the axilla being separated, it could again be made to perform all its natural functions.

Two wounds resulted from the operation; the one nine inches in length and five in breadth on the side, and the other seven inches in length under the arm. These were brought together as accurately as possible by the interrupted suture and adhesive straps, water dressing being applied, and the whole supported by a roller. It being all-important to keep the arm upwards and backwards during the whole process of cure, for the purpose of preventing the slightest re-union, and also for correcting, if possible, the flexed position of the body, the following simple but effectual apparatus, devised by us, was made by an ingenious mechanic named John Firth, which answered fully every purpose for which it was designed. A splint, consisting of a number of pieces of flexible wood, secured by strips of India rubber, and inserted in a quilted cushion, in size extending from the axilla to the hip of the sound side, including in breadth all that portion of the body, was applied immediately after the operation and fitted with perfect accuracy. It was kept fixed in this position by a band or strap attached to each lower extremity and wound round the thigh; its upper extremity was secured by tapes extending from a half-sleeve, as in Fox's apparatus for fractured clavicle, which invested the elbow and forearm of the injured side, and being carried upwards and backwards, the forearm resting upon the back of the neck, and being secured to the upper portion of the splint on either side of the shoulder, the whole answered the triple purpose of keeping the arm of the injured side upwards and backwards; affording every possible aid in overcoming the flexed position of the body, and at the same time rendering the splint secure to the person.

The apparatus answered every desirable end, and was the occasion of no serious inconvenience to the patient. An occasional opiate being administered, the sufferer was rendered quite comfortable and enabled to rest. Thus he continued until the fifth day, when profuse suppuration commenced, and sloughing of the integuments to the extent of several inches in breadth, and the whole length of the wound; in consequence of which his system became very much prostrated, rendering it necessary to support him with beef-tea, porter, &c. The condition of the wound was changed by the application, with a camel's hair pencil, of a solution of nitrate of silver and sulphate of copper, used alternately, daily; after which the parts were dressed with the ceratum plumbi subacetatis, with an occasional admixture of ung. hyd. nit. Under this treatment, the above-mentioned diet being continued, the wounds of the side and arm gradually healed, and the deformity subsided. The patient is at the present writing in perfect health; his arm being capable of all the motions natural to it, and his body wholly relieved of deformity.

We cite this case, both in consequence of the extent of the injury, and of the supposition by many surgeons that the deformity arising from extensive burns cannot be relieved, much less completely cured: in consequence of which they advise no special treatment.

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An English paper reports a case of poisoning from eating the blossoms of the potato vine.

Translation.

ON THE

LARYNGEAL ASTHMA OF CHILDREN.

By the late C. CANSTATT,

Ordinary Professor of Medicine in the University of Erlangen.

(Being the section on that subject in his Pathologie.)

Asthma Laryngeum Infantum, Spasmus Glottidis, (Asthma Thyroideum of Kopp, Apnœa Infantum of Roesch, Laryngismus Stridulus, crowing disease of the English; [with an Italian and several German names;]) also,
Asthma Millari Acutum, (spasmodic asthma of children.)

Translated from the German,

By B. H. COATES, M. D.,

Of Philadelphia.

[NOTE BY THE TRANSLATOR.—The following paper relates to a subject but little studied in the United States. Cases of all stages but the last are not uncommon, but, we apprehend, are not often referred to the physician. Although the translator has had under his charge no instances of the termination by death here described, he has no doubt, both from analogy and from statements made to him, that some, perhaps many, of the very numerous deaths of children commonly included under the head of *convulsions*, are owing to this cause.]

Never has the uncertainty of nomenclature created a more incurable jumble than in the account of what is called Millar's asthma and the thymic asthma. It would be a useful task to pursue the history of all the names above recited, and of the meanings imposed upon them, back to their origin; as only by so doing can light be brought into a chaos otherwise so impenetrable. We have examined the subject in this manner as far as we were permitted by the limited sources at our disposal; we have carefully examined all the cases which we have been enabled to find in our literature, (and their number is not small,) and there is not room in this place to cite circumstantially the matter-of-fact documents for the views which we have found supported by experience. We believe, however, that we have, in these circumstances, gone to work so conscientiously in the case, that all those who travel by the same road will be led to similar conclusions.

The acute asthma of Millar undoubtedly owes its origin to a misapprehension. If we examine Millar's description of what he calls the spasmodic asthma, one will be convinced without difficulty that he had nothing else in view but common croup. The first seeds of error were sown by Wichmann, ("who," as Joseph Frank says, "distinguished himself in error,") by the opinion that Millar had intended to describe a totally different disease from croup. Wichmann's diagnosis of Millar's asthma and croup is, however, at the present day, utterly unconformable to experience. The principal points of distinction which Wichmann predicates of Millar's asthma, such as the attack by paroxysms, the deficiency of plastic exudation, the sense of constriction of the breast, the deep-toned voice, the absence of cough, the success of musk as a specific, are referable in the highest degree to cases of spasmodic croup; and, in fact, the most competent practitioners, as Underwood, both the Alberses, J. Frank, Joerg, and others, acknowledge that an asthma Millari, which agrees with Wichmann's description, is a thing which they have never seen. If we examine the cases which have since been recorded as instances of this disease, there are but few found exhibited which display a form of disease sharply distinguished from croup and from the asthma of Kopp. Most generally the success of antispasmodics has passed with the observers for conclusive evidence of the presence of Millar's asthma; and yet no one has denied the important share which spasm has in the majority of cases of croup, and in some cases particularly, by means of which the efficacy of antispasmodics is quite simply explained without the necessity of taking refuge in the assumption of a new and peculiar form of disease. If, however, some partisans of Millar's asthma cite the absence of fever as an essential character of this disease, distinguishing it from croup, others again concede (because experience taught them so) that fever may be present in it; and exactly by this means the identity of these cases of so called asthma with croup, is clearly demonstrated.

A circumstance remarkable to the unprejudiced inquirer who seeks from history to be freed from his doubts, is the constant decrease of the number, in the archives of science, of

the cases set down as asthma Millari since the time when the asthma of Kopp became fashionable in Germany, and laryngismus in England; and we are in the firm conviction that much that is at present current under these names, would, at an earlier day, have been considered Millar's asthma. Finally, in order not to place too much confidence in what had been taught us by the sphere of our own experience, we have inquired of many of our colleagues whether they had been in this respect more fortunate than we, and had had an opportunity of witnessing a real case of Millar's asthma. The answer always proved to be negative.

We hence find ourselves compelled to consider Millar's asthma, in all cases which do not belong to spasmodic croup, as one and the same with what is called Kopp's asthma. That the spasm of the glottis, which is fundamental to both of them, sometimes occurs only once or a few times, is sometimes repeated, and in these cases of repetition may produce a disease of a chronic course—appears to us to be no adequate reason to hold these diversities in the course of the disease as morbid forms distinct from one another; although we are not debarred from designating cases of the first class as asthma laryngeum acutum, and the others as asthma laryngeum chronicum.

Anatomical Characters.—Great pains have been taken to find, in the bodies of children who have died of laryngeal asthma, alterations by which the phenomena during life may be explained. Kopp believed that he had found such an organic basis in the hypertrophy or enlargement of the thymus gland, and many, as Brunn, Kornmaul, Hirsch, Fingerhut, and others, confirmed Kopp's statement. The thymus gland, which ordinarily, from the first to the eighth year of age, is about 2½ inches long, 1½ inches wide, and 4 lines thick, and weighs about 250 grains, can increase to any dimensions, principally in thickness, acquire a weight of from 6 to 14 drachms, spread upwards against the trachea, can narrowly enclose the latter as well as the great thoracic vessels, and those of the neck, with the nerves of the vicinity, thrust back the lungs and cover the pericardium; and at the same time its texture may be normal, or thickened, hardened or degenerated. That these alterations occur there can be no doubt; as little can it be questioned that they are but unfrequently accompanied by symptoms of laryngeal asthma. But it is equally certain that instances are very abundant in which the alterations of the thymus gland, stated by Kopp and others as constant, are wanting; that there has even been found, in such cases, an atrophy of this organ, (Thierfelder;) that the thymus can be enlarged without asthma being present, (Astley Cooper;) and that consequently the appellation, asthma thymicum, is incorrect, because it rests upon an assumption not valid for all the cases. According to Rokitanski, the anomalous development in size of the thymus almost always coincides with an obvious predominance of the whole system of lymphatic glands, with rhachitis, and with hypertrophy of the brain.

Hugh Ley believed that he had found the organic cause of the laryngeal asthma described by him under the name laryngismus stridulus, in a swelling or degeneration of the glands that pressed upon the recurrent nerve; an admission which, if even correct for some cases, is disproved in a preponderating number of observations, in which such an alteration of the glands was absent.

Other observers seek the cause of asthma laryngeum in hyperæmia, dropsy, or softening of the brain; and it cannot be denied that there is sometimes found one or other of these conditions in the subject; and there are even cases in which the phenomena during life already lead us to conclude on the existence of disease of the brain: but these cases are insulated; the disease of the brain is often only a secondary one, and stands exactly as little in constant connection with asthma laryngeum as the organic alterations already enumerated.[1]

[1] According to Marshall Hall, this asthma is a lesion of the reflex action of the excito-motorial system. The reflex irritation may issue from the nervus trigeminus, (irritation of the teeth,) from the nervus vagus, (gastric irritation,) or from the spinal nerves, (intestinal irritation;) or the exciting causes, such as the passions, anger and the like, may act

Finally, there have been found, in single cases of asthma laryngeum, tubercles and abscesses in the lungs, bronchial glands which pressed upon the trunk of the nervus vagus, enlargement of the heart, an unclosed condition of the foramen ovale, and far more frequently, with the exception of the ordinary effects left by suffocation, a total absence of pathological alteration of any organ whatever.

It is by this time clear, from these results of morbid anatomy, that the asthma laryngeum, like the thoracic asthma of later life, may partly be connected with various anatomical alterations, but can take place partly without any visible organic basis. The thymus gland, however, is apparently an organ supplementary to the lungs in the fœtal state; and, if we consent to give way to a hypothesis, the enlargement of the first named organ, which so frequently occurs, admits of being ascribed to the circumstance that, in consequence of the asthma, the respiration continues to exist in an imperfect stage of development.

Symptoms.—The pathognomonic symptom of asthma laryngeum is a sudden and forcible interruption, a holding in of the breath for some minutes, after which the children resume respiration with a crowing inhalation called juchschrei, (huzzaing scream.)

The asthma laryngeum has distinct grades; and we can distinguish, as groups of symptoms of lesions in other organs are associated in its course, several periods in the disease.

The lowest grade of spasm of the glottis, that which, in common life, is termed "losing the breath," "crying out of breath," "screaming behind their breath," (ausbleiben, athemweinen, hinterm athem schreien,) in children, is an affection which many observers, as Hachmann, are in the wrong in wishing to distinguish from the peculiar asthma of Kopp; but it is easy to observe the frequent passing over of this lower grade of the disease to a higher one. The "loss of breath" principally occurs in passionate children, from the ninth month upwards; and, at first, only happens when the children are violently enraged or scream violently. The attacks, which are always over repeated, recur every eight or fourteen days, or are absent for whole months.

In the higher grade of the disease, the spasm comes on suddenly—generally on awakening from sleep, or after passion or fright, or through screaming or laughing, or what is called swallowing the wrong way in drinking, or after cold-catching; frequently without any ascertainable cause. The commencement of the paroxysm is exhibited by a whistling, extremely shrill inhalation, sometimes repeating itself by short, quick, generally forcible draughts of breath, the tone of which is crowing, and betrays a painful passage of air through a much constricted orifice of the glottis. The shrill cry is also interrupted by an entire stoppage of respiration; with the violence of the efforts, the children gasp for breath, and become pale and bluish; a cold sweat drops from the forehead, and the pulse becomes small. At length, after a duration of from half a minute to ten minutes, the spasm disappears, and the breath returns to its course with a violent, screaming, clear-toned, crowing expiration, and a still continuing crying spell. After this episode, the children again look terrified, commonly soon fall asleep, and awake well, with some fatigue. Their health, in other respects, is undisturbed; there are observed, in the child, neither catarrhal, febrile nor inflammatory symptoms. In a few exceptions, is cough or permanent derangements of respiration present in the intervals between the attacks; the appetite continues good, and only occasionally is digestion disturbed, the abdomen distended, and diarrhœa present. The attacks are at first rare, and often occur only in the night, after the first hours of sleep: they gradually become more frequent, and may finally be repeated 10, 30, or as far as fifty times in the day.

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directly upon the nervous centres. The exciting irritations operate backwards through the medulla oblongata, on the recurrens vagi, and on the intercostal and diaphragmatic branches. Effusion in the brain is not a cause of the spasms, but a consequence. (See Cohen; in Canstatt's Jahrbuch for 1842, Bd. 1. s. 484.)

As the disease makes further advances, there are now associated with the loss of breath, symptoms which have been pointed out as characterising the second or convulsive period. Not uncommonly, the disease is first recognized with the accession of this new series of phenomena. The spasm of the organ of breathing now acquires extension over other parts which receive innervation from the brain and spinal marrow. During the attack, the muscles become rigid, the joints of the hand and foot bend inwards, the thumbs are drawn inwards, the hands are doubled up, and, when forcibly opened, return to their former condition, the spine is bent backwards, the eyes are fixed and staring, and turned upwards, the urine and feces escape involuntarily, the tongue issues forward from the mouth, and hangs down extended over the under lip, the contractions of the heart are irregular, intermittent, the extremities cold, the features distorted.

In this period of the disease, convulsive symptoms, cramps of the extremities, introversion of the thumb, &c. sometimes immediately precede the spasms of the glottis. Now also the intervals between the paroxysms no longer continue free from morbid appearances; the children remain pale, fatigued, and sleepy, for a longer period after the attack, and become fretful and infirm, their sleep is restless and interrupted by frequent fits of terror, the pulse and respiration are permanently accelerated, a permanent circumscribed redness is observed in the cheeks, the forces constantly decline, and there appears a well marked hectic fever.

We have still to mention some symptoms which, as they are not adduced by all observers, appear not to be constant. Graf has remarked, in three cases, that the outbreak of the difficulty of breathing was preceded by a remarkable inclination to swallowing the wrong way and screaming, with particularly long respiration, and which soon passed over; and also by attacks, which intermitted for whole days, of a painful and laborious breathing, and a peculiar irritability. Caspari also mentions, as precursors, restlessness, screaming, fits of terror and of flatulency. Landsberg had observed, in the first 14 days, mild tonic spasms, and discharges by stool remarkably dry and globular. Sometimes the attack is preceded by a rattling in the trachea. Kopp mentions, as one the of the characteristic signs, a protrusion of the tongue; but this, as Hirsch, Hachmann, and Albers remarked, is not always present, and Landsberg has often found it in children who exhibited no trace of asthma. According to Fingerhut, who is an adherent to the thymous origin of spasms of the glottis, percussion exhibits a dull sound along the whole sternum, and transversely far on the left side; and throughout exactly the same extent, on the anterior surface of the thorax, the murmur of respiration is absent. According to Kopp, beyond the incidents of the pulsation of the heart, nothing distinct is to be perceived. On these, Fingerhut makes no further comment than their small extent beyond the sternum. These indications, derivable from percussion and auscultation, are not observed by Wutzer, Kyll, and Roesch. Kyll remarks that, he had frequently missed the respiratory murmur in the space corresponding to the thymus in children who did not labor under hypertrophy of that organ, and who were generally in perfect health. The impulse of the heart, which in healthy small children, is mostly hard to feel, affords just as little any determinate symptoms. A swelling of the thymus capable of being perceived by the touch, as spoken of by Allan Burns, Kyll has also been unable to find. According to Caspari, there is observed, in the convulsive period, even during the intervals between the paroxysms, a spasmodic contraction of the lumbricoid muscles and of the adductor of the thumb, by means of which the hand acquires a convex deformity, such as is produced by organic gout.

(To be continued.)

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Dr. Eve, in a letter from Paris to the *Nashville Journal*, says that Nélaton has under treatment "a case of *umbilical urinary fistula*. The urethral stricture, its cause, has been removed, but some urine still passes in spite of a large truss covering the umbilical region." We suppose this is what is usually termed *visico-urachal fistula*.

Illustrations of Hospital Practice.

PENNSYLVANIA HOSPITAL.

Service of Dr. J. F. Meigs.

(Reported by Mr. J. B. Hayes.)

Diseases of the Alimentary Canal—Two Cases of Chronic Diarrhœa.—1. The history of this patient is as follows:—He is 31 years of age, and was admitted to the Pennsylvania Hospital on the 24th of August. He was in Mexico in 1848–50, and there contracted a Mexican diarrhœa which lasted six or seven months. It was one of those climatic diarrhœas which remain a long time, and are extremely liable to recurrence. He was at sea in June, and fed on a restricted, meat diet. When admitted he had 10 or 12 discharges a day, like thin gruel, with no blood.

His aspect was that of a tuberculous patient, which induced Dr. M. to examine him with care, in order to detect, if possible, the existence of any lurking cause of the diarrhœa.

Dr. M. remarked that, when called to take charge of a case like this, we should examine all the organs of the abdomen. Upon exposing it in a recumbent position, it was observed to be not badly shaped or shrunken; it was moderately full. By palpation no tumor like that of an enlarged organ could be felt in the left hypochondriac region. Certain forms of diarrhœa—that of leucocythæmia—were connected with enlargement of the spleen; it was not enlarged here. The right side was also natural; the liver was of normal size, and nothing unnatural could be detected by the touch over the abdomen. There was no soreness or pain of any consequence.

Percussion under the clavicles showed some difference between the sides, being a little less sonorous, and the resistance to the finger a little greater, on the left side.

By *auscultation* no material difference could be observed. The patient denied having had a cough. The tongue was smooth, glazed and red, characteristic of chronic diarrhœa or dyspepsia, and there were apthous ulcerations of the mouth and lip, showing a condition of erythematous inflammation of the buccal mucous membrane.

Although on examining his chest, Dr. M. could not find such signs of tuberculous disposition as to make him positive of its existence, yet taking into consideration his long illness, debility, huskiness of voice, emaciation, and physical thoracic signs, it was very probable that he had such disorder. There was, beyond any doubt, in this case, chronic inflammation of the colon, with ulceration and thickening of the mucous coat.

Treatment.—It was important, for the cure of this disease, to give the patient a very correct diet—much more important than medicine. To put into his stomach hot toast, watermelons, shell-barks and almonds, or such crude stuff, would leave behind residua which could not but irritate the intestinal tube. The diet should be such as to avoid this, and nourish the body as well as possible. Dr. M.'s experience had taught him that the best diet in such cases was *milk*. Milk and arrow-root had been ordered for this patient. Occasionally a patient will be found in whom idiosyncrasy might prevent the use of milk; but persons sometimes fancy that they are the subjects of such idiosyncrasy because on going into the country, they have drank immoderately of milk after eating a full meal, and when this indiscretion has been followed by sickness, they have erroneously attributed it to the milk. In such cases, if you will make them take the milk alone, you will seldom fail in overcoming their dislike to it. To illustrate the value of this article of diet, Dr. M. related some striking instances of the cure of dyspepsia and gastrodynia, when every remedy had failed, by the persevering use, for months, of milk and arrow-root, and of mush made of unbolted wheat, taken with a teacupful of cream.

This patient, on his admission, in addition to his diet, required some special treatment to combat his diarrhœa. He took at first ol. terebinth. and tinct. opii., aa. gtt. x., every four hours, and a suppository of two grains of opium was every night placed in his rectum.

He became decidedly better; his discharges were less frequent. A few days ago he came to a standstill, and was ordered—

℞ Quiniæ sulph.
Ferri sulph. aa. gr. jss. M.

To be made into a pill, and one given before each meal. Also, the following powder, to be taken about two hours after each meal:

℞ Acid. Gallici. gr. iij.
Bismuthi subnit. gr. v. M.

His discharges are now of better consistency—like mush—seven or eight a day.

2. A lad, æt. 19; admitted 11th of August, with diarrhœa; general health has always been good; last fall had intermittent fever, followed by dysentery, which became chronic; had 10 or 12 discharges a day, and would occasionally become costive.

At Havana, this Summer, he had a relapse. When he came here he had 12 stools a day, thin and mucous, varying in quantity, with tenesmus. He looked thin and paler than at present. His tongue was red and shining. He had a moderate appetite, and no fever. There has been no cough, and no appearance of tuberculous inclination.

Treatment.—He was put upon the simplest food, nothing but milk and arrow-root. He took the turpentine and laudanum, in the same dose as the patient above mentioned, and has come down to two or three stools a day. His tongue is now smooth and soft, and has lost its red look. The turpentine is now suspended, and he takes, as a tonic, the following pill three times a day.

℞ Quiniæ sulph. gr. i.
Ferri pulv. gr. ii. M.

He now has mutton chop and rice for dinner. His may be looked upon as a very satisfactory cure.

Diet.—Dr. M. remarked:—This subject of diet is so very important that I have been anxious to give you a striking example of its power over health, and have selected a few statistics from the Foundling Hospitals of France. At each of three institutions, those of Paris, Lyons and Rheims, multitudes of new-born children are received, and at each a different plan of treatment is pursued.

At Lyons, each infant is given to a wet nurse, and immediately taken out into the country. At Rheims, the stay in town is equally short, but they are fed by hand. At Paris, the stay in the city is longer, but they are suckled by nurses. Now observe the mortality.

At Lyons	33.7	per cent.	die	in the	first	year.
" Paris	50.3	"	"	"	"	"
" Rheims	63.9	"	"	"	"	"

The natural mortality over the whole country of Belgium, where the statistics are carefully recorded, is about 22 per cent. during the first year. In our own cities it is about 25 or 27 per cent.

At X——, France, out of 244 children, 80 per cent. died at the end of the first year. All were hand-fed.

In Paris, M. Valleix found that infants fed on flour without milk died in large numbers of chronic enteritis and thrush.

Disease of Aortic Orifice.—This patient, a middle aged seaman, was struck upon the head with a bucket upon shipboard, and complained of severe pains in the right side of his head. He had no vomiting, no fever, nor disturbance of the pulse, and Dr. M. was disposed to think that there was no meningeal inflammation, but that the pain was of a neuralgic character. He was apparently in good health.

He was exhibited to the class to show the visible pulsations of the large arteries, especially of the carotids, subclavians, and brachials of both arms. These were observed to swell with a tortuous course, at each pulsation of the heart, like the vermicular movements of a worm.

Four years ago he was seized with a violent illness, which was supposed to be pleurisy; no doubt endocarditis was connected with it. Since then he has been at sea, performing the ordinary duties of a seaman, even going aloft.

Percussion reveals a marked increase of dulness over the præcordial region. It extends from the second costal interspace downwards, and from the right edge of the sternum out beyond the vertical line of the left nipple. This depends upon enlargement of the heart, not on effusion into the pericardium, for the apex-beat is distinct, and the sounds are loud and strong.

By *auscultation* a double blowing sound is heard over the aortic orifice.

Dr. M. here exhibited to the class drawings explanatory of his remarks, from Mr. Francis Sibson's valuable work on Medical Anatomy, and dwelt upon the causes and position of the *bruit de soufflet*, as heard in the patient.

(His remarks were interrupted by the expiration of the hour, and will be concluded on the next clinical day.)

Editorial.

MEDICAL EDUCATION.

This subject is exciting, as it should, the medical mind of this country. That there is a necessity for improving the standard of medical acquirement is so apparent, and so universally admitted, that it has become the hobby on which some newly projected medical schools, particularly of the lower order, endeavor to ride into popularity, just as quacks seek after, and announce that they have discovered, specific remedies for the cure of diseases. It has been the one great question of absorbing interest at all the meetings of the American Medical Association, and we believe that good has resulted from the efforts of that body to elevate the standard of medical education, and confidently look for still further advances through its influence.

The only way in which this object can be attained in our country, is, in accordance with the genius of our institutions, by enlightening the professional mind, by discussions in our periodicals, and before our medical societies. The object of these discussions is to lead to the adoption of some *law* which will be an ac-

knowledged guide to the profession; for the absence of law is anarchy, alike in medical teaching as in civil affairs. But law, in our country, to control the profession, must emanate *from* the profession, for it cannot emanate from the State, which, when it undertakes to legislate on medical matters, practically, first or last, puts scientific medicine and every form of pretension on the same footing.

It is therefore with great satisfaction that we see a growing disposition in our medical journals, and at our medical society meetings, to discuss this subject, and care not that these discussions do not always accord with our own peculiar views, for though they seem important to us, they may not meet those of a majority of the profession of the country. For these reasons we feel much interest in a series of articles in course of publication in the Nashville Record of the Medical and Physical Sciences, and we hope that those articles will attract the attention of the profession. At a proper time we propose to review the positions taken by their author—understood to be Prof. Daniel F. Wright—and to maintain, if possible, those which we have heretofore advocated; and having done so, leave the matter in the hands of the profession.

There are several questions of interest in this connection, which it is our purpose to call the attention of the profession to, unless rendered unnecessary by the labors of others, and it is with peculiar satisfaction that we present in this number the first of a series of communications on the subject of medical education, from the pen of one who has for many years taken great interest in everything relating to the advancement of medical science in our country. This discussion, we have reason to believe, will be participated in by other first class medical writers, whom we have requested to take part in it; and we trust that, inasmuch as some very important reports are to be made to the American Medical Association at its next meeting, bearing on medical education, and the best means of elevating the status of the profession, other journals and other writers, whatever may be their views, will thoroughly agitate the questions connected with both during the months that intervene between the present time and the next meeting of the Association at New Haven.

☞ *Read the* PROSPECTUS.

Periscope.

The use of inhaling apparatus for the administration of anæsthetics, in London, Dr. Chisolm says, is more for the object of answering the annoying inquiries of the jury, should any accident unavoidably happen, than from any security which it may possess.

Ascarides.—Dr. Compérat, we learn from the *Med. Times and Gazette*, recommends the following cure for ascarides, which has never failed in his hands. "It is a simple injection of water, containing from five to twenty drops of sulphuric ether, according to the age of the individual, and repeated more or less frequently, according to the number of the animals present. This agent he says has a double advantage. By its subtilty it readily enters into and destroys the lrava, and by its antispasmodic powers it allays the spasmodic and nervous symptoms produced by the animals."

It must not be forgotten that cold water injections are themselves beneficial in this troublesome complaint. We have ordered them with much benefit, and in very obstinate cases have, in combination with them, found great satisfaction in the use of the following pill, taken after dinner and at bed-time:

℞. Pulv. aloes, gr. ij.
Assafœtida,
Santonine, āā gr. j. M.

Homœopathic Vaccination.—Mr. R. Druitt, in the *Medical Times and Gazette*, publishes a case showing the inefficacy of homœopathic vaccination—that is, by *swallowing* infinitessimal doses of vaccine matter! We can hardly conceive what necessity there was for publishing a fact which would seem to be so self-apparent.

Mr. Quekett's Lecture Room.—Dr. Chisolm, in a letter from London to the *Charleston Med-*

ical Journal, gives the following account of Mr. Quekett's method of teaching microscopy:—"The entire front wall is covered with diagrams, collosal figures of microscopic specimens in his possession. In front of him is a long table, upon which stand ten of Beck & Smith's best microscopes, each having a stand for itself, together with an argand burner, and a bull's-eye condenser; also, a card naming the specimen under observation, and the magnifying power. Immediately in front of each row of seats is a semi-circular railway, connected by wings to his table, the central depot; and as a specimen is lectured upon, or a portion of the lecture requires elucidation, an attendant rolls the microscopes upon this rail, from one to another, until, without noise or confusion, the entire assembly have examined for themselves the natural specimens, drawings of which they had previously seen."

Dr. Chisolm gives, in the *Charleston Medical Journal*, the following account of an operation he recently saw in the great Civil Hospital in Milan:—"I saw an aneurism of the popliteal vessel, produced by a ball, operated on very unscientifically by the head surgeon of this great hospital. After the incision through the skin, for which alone he used the knife, he continued and completed the dissection with scissors, making necessarily a most tedious operation. Scarpa's triangle was selected as the seat of ligature."

Medical News.

Humboldt's Library.—We see it stated that Humboldt's Library has been purchased for 40,000 thalers by Lord Bloomfield, minister of England at Berlin. It had previously been announced that the library had been purchased by Mr. Wright, the American Minister at Berlin.

The Cholera.—This disease is steadily advancing through Germany, westward. In some of the villages the harvest operations have had to be suspended for want of hands. At Hamburgh the disease carries off sixty to seventy persons a day. Two cases have occurred at North Shields, England, one of which was brought from a Hamburgh steamer with the premonitory symptoms of the disease, and the other occurred in the house where the first died.

"Dr. D. M. Reese, *late* one of the Vice Presidents of the American Medical Association," *later* a culprit before the same body, and *latest* a humiliated apologist, has forgotten his penitence, and is again at his old tricks.

He now sustains his rich advertising patron, Marsh, the patent truss dealer.

This is the man who has made a fortune by selling trusses for *thirty dollars*, and recently received the honorary degree of Doctor of Medicine from the Castleton Medical College.

Dr. Reese asserts that Marsh is a learned man. His specialty is *hernia*, on which it may be assumed that he knows more than on any other subject. To show that our assertion of his ignorance is correct, we present a few of his ideas on hernia, from a pamphlet published by him. He says that hernia is a descent "through one of the natural openings on either side of the penis."

* * * "The wall of the belly at the groin, through which the most frequent variety of rupture passes, is composed of three layers, precisely like the layers of an onion." * * * "Directly beneath the fat under the skin appears a whitish membranous sheath or envelope for the whole body and thighs, called by surgeons a fascia or scarf. It covers the muscles which steady and bend the body and move the thighs, and keep them firmly in their places; this is the first layer under the skin. Surgeons call it the *superficial fascia*. Through this membrane, on each side of the penis, are two natural openings or pointed slits; through these slits the rupture passes."

The whole pamphlet evinces the same ignorance of the subject, but we have given enough of it to show his claim to his degree, and the disinterestedness of the Castleton Medical College in conferring it.

Pulmonary Illumination.—Dr. J. W. Singleton says, in an article on "Conservative Practice," in the *Nashville Journal*, that "Dr. Flint, of Buffalo, has thrown more light upon pulmonary disease than any ten men in the western continent."

It must be *gas* light. Dr. S. can supply him with material for the illumination, such as the following luminous paragraph:

"The march of our brave army against disease and pestilence must be onward! onward!! to the very portals of eternity; and there pitching our tents and erecting our batteries, our faithful guardians of mortal weal should pace their tireless round upon the narrow confines that separate time from space!"

Lost Record.—We learn from our friend Dr. Wilson Jewell, Chairman of the Committee on Bills of Mortality of the Board of Health of this city, that the volume of printed annual statements of the births and deaths of Philadelphia, from 1807 to 1855, has been taken from the Health Office, either intentionally or through mistake. This is a valuable public document, and its loss is rendered more serious, from the fact that there is no duplicate in possession of the Department of Health.

In connection with the above, we have understood that a gentleman, believed to be from New York State, who was in our city a year ago collecting medical statistics, called at the Health Office, and was allowed the privilege of using the said volume. Since then, the record has been missing. Should this notice come to his knowledge, he may, perhaps, be able to afford some information as to its whereabouts.

American Quackery in England.—Some graduates of the "Metropolitan Medical College of New York," a quack concern, got up to all appearance to grind out Thomsonian grist for England, have held a meeting in relation to their standing under the new English Medical Registration Act. They claim that because hundreds of graduates of English colleges are practising in America, with the same freedom as though they had graduated at any of *our* (!) colleges, they, being less than twenty in number, ought to be allowed to practice in England on the strength of the diploma of the "Metropolitan Medical College." We trust that these quacks will be ruled out of the register, for we can assure the profession of England that they hail from no respectable source in this country.

An effective improvement in the Spinal Supporter has been accomplished by Dr. McClenachan, surgical bandage maker, etc., No. 50 north Seventh street. Its surface of support is partially taken from over the line of the iliac crest, and its lightness and adaptability to the form of the patient give it advantages over the instruments which have been ordinarily in use for the purpose.

MARRIAGES,

WILSON—TILTON.—July 20th, Dr. Jno. Eberle Wilson, of Sarcoxie, Jasper Co., Mo., to Miss Eliza S., daughter of Col. Jas. I. Tilton, of Newton Co.

PHILADELPHIA SCHOOL OF ANATOMY,

At the Upper End of College Avenue,

Entrance from Tenth st., between Market and Chestnut sts.

WINTER ANNOUNCEMENT.

The Winter Term in this old established Institution will commence on the 1st of September, and continue until the 1st of March.

The opportunities for prosecuting Practical Anatomy are equal to those in any of the Colleges.

There are *two large dissecting rooms*, well ventilated and amply supplied with gas, water, and *material*. Lecture rooms, and anatomical museum, provided with everything necessary to elucidate this branch.

A full course of lectures on *special* and *surgical* anatomy will be delivered at such hours in the evening as will not interfere with the college engagements.

The Anatomical Rooms will be open every day, from 8 o'clock A. M. until 10 o'clock P. M. The Lecturer, or his Assistants, will be constantly present, to aid students in their dissections.

Students are not compelled to take their dissecting ticket in the colleges.

Fee for the whole course, $10.

D. HAYES AGNEW, M. D., *Lecturer*,
No. 16 North Eleventh street.

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TO PHYSICIANS AND DRUGGISTS.

A CORNER DRUG STORE, AN OLD STAND, prominently and pleasantly located, and doing a good business, will be sold low, with or without the property. The proprietor, a physician, has conducted the business for the last ten years, intends leaving the city, and would use his influence to secure the continuance of a respectable practice and custom to a worthy successor. This is a rare chance for a competent and industrious person. References of the highest respectability given. For particulars, address "Physician," care of

CHAS. ELLIS & CO., Druggists,
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Pennsylvania College—Medical Department.

NINTH STREET, BELOW LOCUST, PHILADELPHIA.

SESSION OF 1859-60.

FACULTY.

B. HOWARD RAND, M. D., Professor of Chemistry.
HENRY HARTSHORNE, M. D., " Practice of Medicine.
LEWIS D. HARLOW, M. D., " Obstetrics, &c.
WILLIAM S. HALSEY, M. D., " Surgery.
WM. HEKBEL TAGGART, M. D., " Materia Medica.
JAMES AITKEN MEIGS, M. D., " Institutes of Medicine.
WM. H. GOBRECHT, M. D., " Anatomy.

THEODORE A. DEMME, M. D., Demonstrator of Anatomy.

The Session of 1859-60 will commence on Monday, 10th of October, and continue, without intermission, until the first of March. The Commencement for conferring Degrees will take place early in March, causing as little detention of the Graduating Class, after the close of the Lectures, as possible.

There will also be an examination of candidates for graduation, on the 1st of July; the Degree, in such cases, being conferred at the ensuing Commencement in March.

The Rooms for Practical Anatomy will be open early in September.

The College Clinic will be conducted on every Wednesday and Saturday throughout the Session.

The Register of Matriculants will be open in the College Building, early in September. The Janitor will always be present at the College, to give every necessary assistance and information (as regards board, &c.) to students, on their arrival in the city.

FEES.

Matriculation (paid once only)	$ 5 00
For each Professor's ticket	15 00
Graduation	30 00

LEWIS D. HARLOW, M. D., *Dean*,
141 *No. 1023 Vine, below 11th Street.*